



DEPARTMENT OF ENVIRONMENTAL MANAGEMENT
OFFICE OF WATER RESOURCES
PERMITTING SECTION
INDIVIDUAL SEWAGE DISPOSAL SYSTEMS PROGRAM



AFFIDAVIT TO REPLACE DESIGNER OF RECORD

I _____ said owner(s) of property, ISDS permit number _____
(print name)
_____, do hereby request authorization to have the replacement designer _____
_____ witness and inspect the installation of _____
(designer name and license number)
the ISDS on said property. I am petitioning the Department for this request based on the following reason(s):

CHECK APPROPRIATE ITEM(S):

- 1) _____ The original designer of the system is incapable of witnessing and inspecting the system because he/she is: _____ Deceased
_____ Physically Incapacitated
_____ No Longer Licensed
_____ Other _____
- 2) _____ I, the property owner, contracted with a certain business entity for design services. The original designer who prepared the ISDS design is no longer employed by that business entity, and the property owner is replacing the original designer with another designer employed by that business entity.

Owner(s) signature: _____ Date: _____
(Owner must be the same person as permittee)

I, the replacement designer, have a designer's license in the appropriate license class required by the regulations to design the system prepared by the original designer of said ISDS. I take full responsibility for the design and installation of the system in accordance with all ISDS Rules and Regulations.

Replacement designer's signature: _____ Date: _____

FOR OFFICE USE ONLY

DECISION Approved ☐ Denied ☐

Comments _____

Signature of Authorized Agent _____ Date _____